

COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH
ADULT JUSTICE, HOUSING, EMPLOYMENT AND EDUCATION SERVICES

SITING TECHNICAL ASSISTANCE REQUEST FORM

Date: _____

Agency/Developer's Name: _____

Agency/Developer's Headquarter's Address: _____

Agency/Developer's Headquarter's Supervisorial District: _____ Service Area: _____

Agency/Developer's Contact Person: _____

Phone Number: _____

TYPE OF NEW PROJECT

☐ Wellness Center

☐ Field Capable Clinical Services

☐ Full Service Partnership Program

☐ Prevention/ Early Intervention

☐ Permanent Supportive Housing

☐ Other (specify) _____

ADDRESS/LOCATION OF NEW PROJECT:

Supervisorial District: _____

Service Area: _____

TYPE OF SUPPORT NEEDED
(CHECK ALL THAT APPLY)

☐ Public Relations

☐ Zoning

☐ Affordable Housing

☐ Fair Housing

☐ Financing

☐ Land Use

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REASONS SUPPORT NEEDED (DETAILED DESCRIPTION)
(PLEASE ADD ADDITIONAL PAGES IF NEEDED)